

# STATE OF NEVADA

## ARCHITECTURAL REGISTRATION BY RECIPROCITY APPLICATION

Dear Applicant:

In response to your request, enclosed is the application form for architectural registration by reciprocity in the state of Nevada. Please read the qualifications necessary to be eligible for architectural registration before proceeding. If you do qualify, please complete the form and return the original to our office with the appropriate fees. You may wish to keep a copy for your files. Applications will not be processed unless the application is fully completed and any applicable statutory fees are remitted.

This application packet consists of a two-page application, one copy of Chapter 623 of the Nevada Revised Statutes, one copy of the Blue Book publication and a copy of the Nevada Lien Law. If your application package is not complete, please contact the board office.

### QUALIFICATIONS REQUIRED

The state of Nevada requires that all candidates for registration via reciprocity:

1. Hold certification with the National Council of Architectural Registration Boards and have a copy of their Blue Council folder (certificate) transmitted to the board office.
2. Have successfully completed all portions of the NCARB exams administered by NCARB standards at the date of your initial registration or any exam deemed equivalent by the board. If you passed the NCARB examination prior to 1965, when the seismic test was not included, please contact board staff as additional testing or completion of a seismic seminar may be required.

### APPLICATION PREPARATION:

1. If the preferred mailing address is not indicated, all correspondence from this office will be sent to your business address.
2. The required photograph should be 2.5" x 2.5" (approximately) and similar to a passport photo, taken not more than 12 months prior to the applications. Black and white photocopies are not acceptable. Affix the photograph firmly to the application on page one. Sign and date the front of the photograph so as not to obscure features.
3. The application requires two signatures, one of which is on your photograph.
4. An application processing fee of US\$300 must accompany your application (US funds only).
5. Oral interview (discretionary).

Each applicant may or may not be required to appear before the board for an oral interview. The applicant is required to take an open-book written test on Chapter 623 of the Nevada Revised Statutes, Blue Book and Rules of Conduct. The board will review the test, application, integrity and ethical standards for registration in the state of Nevada.



**NEVADA STATE BOARD OF ARCHITECTURE, INTERIOR DESIGN & RESIDENTIAL DESIGN**

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**APPLICATION FOR ARCHITECT REGISTRATION BY RECIPROCITY**

I hereby apply for registration to practice architecture in the state of Nevada by reciprocity.

**\*\*PLEASE TYPE INFORMATION ONTO APPLICATION\*\***

**\*APPLICATION DOWNLOADED FROM WEBSITE IS INTERACTIVE AND MAY BE COMPLETED ON COMPUTER\***

If you have had a legal name change please attach a notarized document attesting to this fact.

Date: \_\_\_\_\_

Name in Full: \_\_\_\_\_

Social Security: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

How would like your name to appear on your wall certificate: \_\_\_\_\_

**AFFIX RECOGNIZABLE PHOTO IN THIS SPACE.  
APPROXIMATE PHOTO SIZE:  
2 1/2" x 2 1/2"**  
  
**PHOTO MUST BE SIGNED AND DATED ON THE FRONT OF PHOTO BY YOU.**

Business Address Firm Name: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residence Address Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Address for Correspondence:  Business  Residence  
Daytime Phone No: \_\_\_\_\_ Evening Phone No: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Citizenship: \_\_\_\_\_  Birth  Naturalized  
Birth Date: \_\_\_\_\_ Place: \_\_\_\_\_

Jurisdiction of Original Architectural Registration: \_\_\_\_\_ Date Issued: (MM/DD/YYYY) \_\_\_\_\_

Reg.No: \_\_\_\_\_ Currently in good standing?  YES  NO (If NO, please provide supplemental document)

Other Registrations (please use a separate sheet if necessary):

Jurisdiction: \_\_\_\_\_ Reg.No: \_\_\_\_\_ Date Issued: \_\_\_\_\_ In Good Standing? \_\_\_\_\_

**FOR BOARD STAFF USE ONLY**

Entered in database: (date/initials) \_\_\_\_\_ Fee received: (date/receipt) \_\_\_\_\_

Name in Full: \_\_\_\_\_ Date: \_\_\_\_\_

YES  NO Are you the spouse/domestic partner of an active military member of the Armed Forces of the United States?

If your answer is YES, you must provide supporting documentation to verify that this information is true. Per the Nevada Executive Order 2012-11, expedited application processing will be granted to the applicant upon receiving verifying documentation.

YES  NO Have you or any firm/business at which you practice architecture provided a proposal to a client, entered into a contract agreement with a client, prepared drawings for a client, or otherwise performed architectural work for a project located in Nevada? (If YES, explain on supplemental sheet)

YES  NO Has your registration been denied, suspended, or revoked in any jurisdiction? (If YES, explain on supplemental sheet)

YES  NO Have you surrendered or allowed a registration to lapse in any jurisdiction due to action pending or threatened? (If YES, explain on supplemental sheet)

YES  NO Have you been found by a court or registration board to have violated the architectural registration laws or the professional occupational laws or any jurisdiction? (If YES, provide dates and details including results of any appeals)

YES  NO Have you ever been convicted of a felony, any crime involving moral turpitude, or a misdemeanor involving fraud, deceit or misrepresentation? (If YES, explain on supplemental sheet)

YES  NO Are there any felony criminal charges now pending against you? (If YES, explain on supplemental sheet)

Pursuant NRS 623.225, payment of child support, an applicant for the issuance or renewal of a certificate of registration to practice architecture is required to answer the following questions. A certificate of registration may not be issued or renewed by the board if the applicant fails to do so.

YES  NO Are you currently subject to a court order, or plan approved by the district attorney or other public agency enforcing the amounts owed under a court order, for the support of the child?

YES  NO If YES, are you currently in compliance with the court order and/or plan?

## ATTESTATION

I, \_\_\_\_\_, being the applicant named in this application, do hereby attest under penalty of perjury that on \_\_\_\_\_, 2021, I have personally:

- 1) Read the contents thereof and to the best of my knowledge and belief the foregoing statements are true and correct.
- 2) Do realize that a fraudulent statement in this application is probable cause to have my application denied or revoked, should I be issued one.
- 3) Read and do understand Chapter 623 of the Nevada Revised Statutes.

Signed and attested to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature of Applicant